## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.DO

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIOIS

DOCUMENT # P96000080378 (8)

SMITH & SONS INSULATION, INC.

431 MACARTHUR DR 431 MACARTHUR DR PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0697714 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Countr 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Xes \(\sigma\) No Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HEEKIN, JOHN C DALE 4 SMITH Street Address (P.O. Box Number is Not Acceptable) 21202 OLEAN BLVD, SUITE C-2 82 **PORT CHARLOTTE FL FL339-52** 31 Macarthur Drive Putchantetu 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE DALG & Sm 1774 Signature, hypod or profest came of registered agent and life if applicable 20198 en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TITLE DELETE Change 11 TITLE NAME SMITH, DALE G 12 NAME STRÈET ADDRESS 431 MACARTHUR DR 1.3 STREET ADDRESS PORT CHARLOTTE FL 33954 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change TITLE DELETE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addition.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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FILED

Feb 25 1998 8:00am

Secretary of State

Addition

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